

TD F 90-22.1

(Rev. January 2012)
Department of the TreasuryDo not use previous editions of
this formREPORT OF FOREIGN BANK
AND FINANCIAL ACCOUNTS

Do NOT file with your Federal Tax Return

OMB No. 1545-2038

1 This Report is for Calendar
Year Ended 12/31

1 9 9 6

Amended

Part I Filer Information

2 Type of Filer

a Individual b Partnership c Corporation d Consolidated e Fiduciary or Other—Enter type _____

3 U.S. Taxpayer Identification Number

-0102

If filer has no U.S. Identification
Number complete Item 4.

4 Foreign identification (Complete only if item 3 is not applicable.)

a Type: Passport Other _____5 Individual's Date of Birth
MM/DD/YYYY

6 Last Name or Organization Name

Bittner

b Number

c Country of issue

7 First Name

Alexandru

8 Middle Initial

9 Address (Number, Street, and Apt. or Suite No.)

10 City

11 State

12 Zip/Postal Code

13 Country

75074

United States

14 Does the filer have a financial interest in 25 or more financial accounts?

 Yes If "Yes" enter total number of accounts _____

(If "Yes" is checked, do not complete Part II or Part III, but retain records of this information)

 No

Part II Information on Financial Account(s) Owned Separately

15 Maximum value of account during calendar year reported

375000

16 Type of account a Bank b Securities c Other—Enter type below

17 Name of Financial Institution in which account is held

Banca Agricola

18 Account number or other designation

7200

19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held

STR Smardan NR3

20 City

Bucharest

21 State, if known

22 Zip/Postal Code, if known

23 Country

Romania

Signature _____

44 Filer Signature

45 Filer Title, if not reporting a personal account

46 Date (MM/DD/YYYY)

File this form with: U.S. Department of the Treasury, P.O. Box 32621, Detroit, MI 48232-0621

This form should be used to report a financial interest in, signature authority, or other authority over one or more financial accounts in foreign countries, as required by the Department of the Treasury Regulations 31 CFR 1010.350 (formerly 31 CFR 103.24). No report is required if the aggregate value of the accounts did not exceed \$10,000. See Instructions For Definitions.

PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE

Pursuant to the requirements of Public Law 93-579 (Privacy Act of 1974), notice is hereby given that the authority to collect information on TD F 90-22.1 in accordance with 5 USC 552a (e) is Public Law 91-508; 31 USC 5314; 5 USC 301; 31 CFR 1010.350 (formerly 31 CFR 103.24).

The principal purpose for collecting the information is to assure maintenance of reports where such reports or records have a high degree of usefulness in criminal, tax, or regulatory investigations or proceedings. The information collected may be provided to those officers and employees of any constituent unit of the Department of the Treasury who have a need for the records in the performance of their duties. The records may be referred to any other department or agency of the United States upon the request of the head of such department or agency for use in a criminal, tax, or regulatory investigation or proceeding. The information collected may also be provided to appropriate state, local, and foreign law enforcement and regulatory personnel in the performance of their official duties. Disclosure of this information is mandatory. Civil and criminal penalties, including in certain circumstances a fine of not more than \$500,000 and imprisonment of not more than five years, are provided for failure to file a report, supply information, and for filing a false or fraudulent report. Disclosure of the Social Security number is mandatory. The authority to collect is 31 CFR 1010.350 (formerly 31 CFR 103.24). The Social Security number will be used as a means to identify the individual who files the report.

The estimated average burden associated with this collection of information is 75 minutes per respondent or record keeper, depending on individual circumstances. Comments regarding the accuracy of this burden estimate, and suggestions for reducing the burden should be directed to the Internal Revenue Service, Bank Secrecy Act Policy, 5000 Ellin Road C-3-242, Lanham MD 20708.

Cat. No. 12996D

Form TD F 90-22.1 (Rev. 1-2012)



DOJ 000883

TD F 90-22.1(Rev. January 2012)
Department of the TreasuryDo not use previous editions of
this form**REPORT OF FOREIGN BANK
AND FINANCIAL ACCOUNTS**

Do NOT file with your Federal Tax Return

OMB No. 1545-2038

1 This Report is for Calendar
Year Ended 12/31

1 9 9 7

Amended **Part I Filer Information**

2 Type of Filer

a Individual b Partnership c Corporation d Consolidated e Fiduciary or Other—Enter type _____3 U.S. Taxpayer Identification Number
0102If filer has no U.S. Identification
Number complete Item 4.

4 Foreign Identification (Complete only if item 3 is not applicable.)

a Type: Passport Other _____5 Individual's Date of Birth
MM/DD/YYYY

6 Last Name or Organization Name

Bittner

b Number

c Country of Issue

7 First Name

Alexandru

8 Middle Initial

9 Address (Number, Street, and Apt. or Suite No.)

10 City

11 State

12 Zip/Postal Code

13 Country

United States

14 Does the filer have a financial interest in 25 or more financial accounts?

 Yes If "Yes" enter total number of accounts _____

(If "Yes" is checked, do not complete Part II or Part III, but retain records of this information)

 No**Part II Information on Financial Account(s) Owned Separately**

15 Maximum value of account during calendar year reported

525000

16 Type of account a Bank b Securities c Other—Enter type below

17 Name of Financial Institution in which account is held

Banca Agricola

18 Account number or other designation

17200

19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held

STR Smardan NR3

20 City

Bucharest

21 State, if known

22 Zip/Postal Code, if known

23 Country

Romania

Signature _____

44 Filer Signature

45 Filer Title, if not reporting a personal account

46 Date (MM/DD/YYYY)

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TD F 90-22.1

(Rev. January 2012)
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AND FINANCIAL ACCOUNTS

Do NOT file with your Federal Tax Return

OMB No. 1545-2038

1 This Report is for Calendar
Year Ended 12/311228
Amended

Part I Filer Information

2 Type of Filer
a Individual b Partnership c Corporation d Consolidated e Fiduciary or Other – Enter type _____

3 U.S. Taxpayer Identification Number 0102	4 Foreign Identification (Complete only if item 3 is not applicable) a Type: <input type="checkbox"/> Passport <input type="checkbox"/> Other _____	5 Individual's Date of Birth MM/DD/YYYY
If filer has no U.S. Identification Number complete Item 4.	b Number _____	c Country of issue _____
6 Last Name or Organization Name Bittner	7 First Name Alexandru	8 Middle Initial
9 Address (Number, Street, and Apt. or Suite No.)		

10 City	11 State	12 Zip/Postal Code	13 Country
United States			

14 Does the filer have a financial interest in 25 or more financial accounts?
 Yes If "Yes" enter total number of accounts _____
(If "Yes" is checked, do not complete Part II or Part III, but retain records of this information) No

Part II Information on Financial Account(s) Owned Separately

15 Maximum value of account during calendar year reported 4531524	16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other – Enter type below BANCA AGRICOLA		
17 Name of Financial Institution in which account is held STR. SUCURSAL NR 3			
18 Account number or other designation 72200	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held STR. SUCURSAL NR 3		
20 City BUCURESTI	21 State, if known	22 Zip/Postal Code, if known	23 Country ROMANIA
Signature		44 Filer Signature	
		45 Filer Title, if not reporting a personal account	
		46 Date (MM/DD/YYYY)	

File this form with: U.S. Department of the Treasury, P.O. Box 32621, Detroit, MI 48232-0621

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TD F 90-22.1

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OMB No. 1545-2038

1 This Report is for Calendar
Year Ended 12/31

1999

Amended

Part I Filer Information

2 Type of Filer

a Individual b Partnership c Corporation d Consolidated e Fiduciary or Other—Enter type _____

3 U.S. Taxpayer Identification Number

0102

U Filer has no U.S. Identification
Number complete Item 4.

4 Foreign Identification (Complete only if Item 3 is not applicable.)

a Type: Passport Other _____5 Individual's Date of Birth
MM/DD/YYYY

6 Last Name or Organization Name

Bittner

Alexandru

8 Middle Initial

9 Address (Number, Street, and Apt. or Suite No.)

10 City

11 State

12 Zip/Postal Code

13 Country

United States

14 Does the filer have a financial interest in 25 or more financial accounts?

 Yes If "Yes" enter total number of accounts _____

(If "Yes" is checked, do not complete Part II or Part III, but retain records of this information)

 No

Part II Information on Financial Account(s) Owned Separately

15 Maximum value of account during calendar year reported

2320000

16 Type of account

a Bank b Securities c Other—Enter type below

17 Name of Financial Institution in which account is held

BANCA AGRICOLA

18 Account number or other designation

2200

19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held

STR. SAMARAN NR 3

20 City

BUCURESTI

21 State, if known

22 Zip/Postal Code, if known

23 Country

ROMANIA

Signature

44 Filer Signature

45 Filer Title, if not reporting a personal account

46 Date (MM/DD/YYYY)

File this form with: U.S. Department of the Treasury, P.O. Box 32621, Detroit, MI 48232-0621

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TD F 90-22.1

(Rev. January 2012)
Department of the TreasuryDo not use previous editions of
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AND FINANCIAL ACCOUNTS

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OMB No. 1545-2038

1 This Report is for Calendar
Year Ended 12/31

2000

Amended

Part I Filer Information

2 Type of Filer
a Individual b Partnership c Corporation d Consolidated e Fiduciary or Other—Enter type _____

3 U.S. Taxpayer Identification Number 0102	4 Foreign identification (Complete only if item 3 is not applicable.) a Type: <input type="checkbox"/> Passport <input type="checkbox"/> Other _____	6 Individual's Date of Birth MM/DD/YYYY	
If filer has no U.S. Identification Number complete item 4.		b Number _____	
6 Last Name or Organization Name Blitner		c Country of Issue Alexandru	
7 First Name		8 Middle Initial	
8 Address (Number, Street, and Apt. or Suite No.)			

10 City	11 State	12 Zip/Postal Code	13 Country
United States			

14 Does the filer have a financial interest in 25 or more financial accounts?
 Yes If "Yes" enter total number of accounts _____
(If "Yes" is checked, do not complete Part II or Part III, but retain records of this information) No

Part II Information on Financial Account(s) Owned Separately

15 Maximum value of account during calendar year reported
114000016 Type of account a Bank b Securities c Other—Enter type below

17 Name of Financial Institution in which account is held

BANK AUSTRIA

18 Account number or other designation
002019 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held
STR GRIGORE MOARA NO 3720 City
BUCHAREST

21 State, if known

22 Zip/Postal Code, if known

23 Country

ROMANIA

Signature

44 Filer Signature

45 Filer Title, if not reporting a personal account

46 Date (MM/DD/YYYY)

File this form with: U.S. Department of the Treasury, P.O. Box 32621, Detroit, MI 48232-0621

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TD F 90-22.1Rev. January 2012
Department of the TreasuryDo not use previous editions of
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AND FINANCIAL ACCOUNTS**

Do NOT file with your Federal Tax Return

OMB No. 1345-2038

1 This Report is for Calendar
Year Ended 12/31**2001**Amended **Part I Filer Information**

2 Type of Filer

a Individual b Partnership c Corporation d Consolidated e Fiduciary or Other—Enter type _____

3 U.S. Taxpayer Identification Number

-0102

If filer has no U.S. Identification
Number complete Item 4.

4 Foreign identification (Complete only if Item 3 is not applicable.)

a Type: Passport Other _____6 Individual's Date of Birth
MM/DD/YYYY

5 Last Name or Organization Name

b Number

c Country of Issue

7 First Name

8 Middle Initial

Bitner

Alexandru

9 Address (Number, Street, and Apt. or Suite No.)

10 City

11 State

12 Zip/Postal Code

13 Country

United States

14 Does the filer have a financial interest in 25 or more financial accounts?

 Yes If "Yes" enter total number of accounts _____

(If "Yes" is checked, do not complete Part II or Part III, but retain records of this information)

 No**Part II Information on Financial Account(s) Owned Separately**

15 Maximum value of account during calendar year reported

16 Type of account a Bank b Securities c Other—Enter type below**880 000**

17 Name of financial institution in which account is held

PAHL AUSTRIA KVIS BANK

18 Account number or other designation

0020

19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held

STR 6/4600E NEOST 10 37

20 City

BUCHAREST

21 State, if known

22 Zip/Postal Code, if known

23 Country

ROUMANIA

Signature

44 Filer Signature

45 Filer Title, if not reporting a personal account

46 Date (MM/DD/YYYY)

File this form with: U.S. Department of the Treasury, P.O. Box 32621, Detroit, MI 48232-0621

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PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE

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TD F 90-22.1(Rev. January 2012)
Department of the TreasuryDo not use previous editions of
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AND FINANCIAL ACCOUNTS**

Do NOT file with your Federal Tax Return

OMB No. 1545-2006

1 This Report is for Calendar
Year Ended 12/31

2002

Amended **Part I Filer Information**2 Type of filer
a Individual b Partnership c Corporation d Consolidated e Fiduciary or Other—Enter type _____

3 U.S. Taxpayer Identification Number -0102	4 Foreign identification (Complete only if Item 3 is not applicable.) a Type: <input type="checkbox"/> Passport <input type="checkbox"/> Other _____	5 Individual's Date of Birth MM/DD/YYYY
If filer has no U.S. Identification Number complete Item 4. b Number _____		c Country of issue _____
6 Last Name or Organization Name Blitner	7 First Name Alexandru	8 Middle Initial
9 Address (Number, Street, and Apt. or Suite No.)		

10 City	11 State	12 Zip/Postal Code	13 Country
United States			

14 Does the filer have a financial interest in 25 or more financial accounts?

 Yes If "Yes" enter total number of accounts _____
(If "Yes" is checked, do not complete Part II or Part III, but retain records of this information) No**Part II Information on Financial Account(s) Owned Separately**

15 Maximum value of account during calendar year reported 2498963	16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below
--	---

17 Name of Financial institution in which account is held HVB - BANK			
18 Account number or other designation 0320	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held STR 621 6000 NORA NO 37		
20 City BETHESDA	21 State, if known	22 Zip/Postal Code, if known	23 Country ROUMANIA

Signature

44 Filer Signature	45 Filer Title, if not reporting a personal account	46 Date (MM/DD/YYYY)
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TD F 90-22.1

(Rev. January 2012)
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AND FINANCIAL ACCOUNTS

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OMB No. 1545-2038

1 This Report is for Calendar
Year Ended 12/31

2003

Amended

Part I Filer Information

2 Type of Filer
a Individual b Partnership c Corporation d Consolidated e Fiduciary or Other—Enter type _____

3 U.S. Taxpayer Identification Number -0102 If filer has no U.S. Identification Number complete Item 4.	4 Foreign identification (Complete only if item 3 is not applicable.) a Type: <input type="checkbox"/> Passport <input type="checkbox"/> Other _____	5 Individual's Date of Birth MM/DD/YYYY
	b Number _____	c Country of Issue _____
6 Last Name or Organization Name Bittner	7 First Name Alexandru	8 Middle Initial

9 Address (Number, Street, and Apt. or Suite No.)
3927 Ranch Estates10 City
Plano11 State
TX12 Zip/Postal Code
7507413 Country
United States

14 Does the filer have a financial interest in 25 or more financial accounts?

 Yes If "Yes" enter total number of accounts _____
(If "Yes" is checked, do not complete Part II or Part III, but retain records of this information) No

Part II Information on Financial Account(s) Owned Separately

15 Maximum value of account during calendar year reported
436410016 Type of account a Bank b Securities c Other—Enter type below
HVB - BANK17 Name of Financial Institution in which account is held
STR. GEORGE MUREA NO 3718 Account number or other designation
0320

19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held

20 City
ROUMANIA

21 State, if known

22 Zip/Postal Code, if known

23 Country
ROMANIA

Signature

44 Filer Signature

45 Filer Title, if not reporting a personal account

46 Date (MM/DD/YYYY)

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PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE

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The estimated average burden associated with this collection of information is 75 minutes per respondent or record keeper, depending on individual circumstances. Comments regarding the accuracy of this burden estimate, and suggestions for reducing the burden should be directed to the Internal Revenue Service, Bank Secrecy Act Policy, 5000 Elgin Road C-3-242, Lanham MD 20706.

TD F 90-22.1(Rev. January 2012)
Department of the TreasuryDo not use previous editions of
this form**REPORT OF FOREIGN BANK
AND FINANCIAL ACCOUNTS**

Do NOT file with your Federal Tax Return

OMB No. 1545-2038

1 This Report is for Calendar
Year Ended 12/31**2004**Amended **Part I Filer Information**

2 Type of Filer

a Individual b Partnership c Corporation d Consolidated e Fiduciary or Other—Enter type _____

3 U.S. Taxpayer Identification Number

-0102

If filer has no U.S. Identification
Number complete item 4.

4 Foreign Identification (Complete only if item 3 is not applicable.)

a Type: Passport Other _____8 Individual's Date of Birth
MM/DD/YYYY

6 Last Name or Organization Name

Bittner

7 First Name

Alexandru

8 Middle Initial

9 Address (Number, Street, and Apt. or Suite No.)

3927 Ranch Estates

10 City

Plano

11 State

TX

12 Zip/Postal Code

75074

13 Country

United States

14 Does the filer have a financial interest in 25 or more financial accounts?

 Yes If "Yes" enter total number of accounts _____

(If "Yes" is checked, do not complete Part II or Part III, but retain records of this information)

 No**Part II Information on Financial Account(s) Owned Separately**

15 Maximum value of account during calendar year reported

16

Type of account

a

 Bankb Securitiesc Other—Enter type below**1,000,075**

17 Name of Financial Institution in which account is held

HVB - BANK

18 Account number or other designation

0320

19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held

STR. GAI GORE 1202A NO 37

20 City

BUCHAREST

21 State, if known

22 Zip/Postal Code, if known

23 Country

ROMANIA**Signature**

44 Filer Signature

46 Filer Title, if not reporting a personal account

48 Date (MM/DD/YYYY)

File this form with: U.S. Department of the Treasury, P.O. Box 32621, Detroit, MI 48232-0621

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PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE

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TD F 90-22.1(Rev. January 2012)
Department of the TreasuryDo not use previous editions of
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AND FINANCIAL ACCOUNTS**

Do NOT file with your Federal Tax Return

OMB No. 1445-2036

1 This Report is for Calendar
Year Ended 12/31

2005

Amended **Part I Filer Information**

2 Type of Filer
 a Individual b Partnership c Corporation d Consolidated e Fiduciary or Other—Enter type _____

3 U.S. Taxpayer Identification Number 40102	4 Foreign identification (Complete only if item 3 is not applicable.) a Type: <input type="checkbox"/> Passport <input type="checkbox"/> Other _____	5 Individual's Date of Birth MM/DD/YYYY
If filer has no U.S. Identification Number complete Item 4.		b Number _____ c Country of issue _____
6 Last Name or Organization Name Blitner	7 First Name Alexandru	8 Middle Initial

9 Address (Number, Street, and Apt. or Suite No.)

3927 Ranch Estates

10 City Plano	11 State TX	12 Zip/Postal Code 75074	13 Country United States
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14 Does the filer have a financial interest in 25 or more financial accounts?

 Yes If "Yes" enter total number of accounts _____

{If "Yes" is checked, do not complete Part II or Part III, but retain records of this information}

 No**Part II Information on Financial Account(s) Owned Separately**

15 Maximum value of account during calendar year reported 1475500	16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below
--	---

17 Name of Financial Institution in which account is held HVB - BANK

18 Account number or other designation 0320	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held 572 6M 6000 ROMA 112 37
--	--

20 City BUCHAREST	21 State, if known	22 Zip/Postal Code, if known	23 Country ROMANIA
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24 Filer Signature	46 Filer Title, if not reporting a personal account	48 Date (MM/DD/YYYY)
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File this form with: U.S. Department of the Treasury, P.O. Box 32821, Detroit, MI 48232-0821

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PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE

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TD F 90-22.1

(Rev. January 2012)
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OMB No. 1345-2038

This Report is for Calendar
Year Ended 12/31

2006

Amended

Part I Filer Information

2 Type of Filer
 a Individual b Partnership c Corporation d Consolidated e Fiduciary or Other—Enter type _____

3 U.S. Taxpayer Identification Number -0102	4 Foreign Identification (Complete only if item 3 is not applicable.) a Type: <input type="checkbox"/> Passport <input type="checkbox"/> Other _____	5 Individual's Date of Birth MM/DD/YYYY
If filer has no U.S. Identification Number complete item 4.		b Number _____
c Country of Issue		7 First Name Alexandru
8 Middle Initial		

9 Address (Number, Street, and Apt. or Suite No.)

3927 Ranch Estates

10 City Plano	11 State TX	12 Zip/Postal Code 75074	13 Country United States
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14 Does the filer have a financial interest in 25 or more financial accounts?

 Yes If "Yes" enter total number of accounts _____

(If "Yes" is checked, do not complete Part II or Part III, but retain records of this information)

 No

Part II Information on Financial Account(s) Owned Separately

15 Maximum value of account during calendar year reported
1872 233

17 Name of Financial Institution in which account is held HVB - BANK	18 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below
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18 Account number or other designation 1320	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held STR. 62'600E ROMA NO 37
20 City BUCHAREST	21 State, if known 22 Zip/Postal Code, if known 23 Country ROMANIA
44 Filer Signature	45 Filer Title, if not reporting a personal account 46 Date (MM/DD/YYYY)

File this form with: U.S. Department of the Treasury, P.O. Box 32621, Detroit, MI 48232-0621

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PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE

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TD F 90-22.1(Rev. January 2012)
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AND FINANCIAL ACCOUNTS**

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OMB No. 1545-2038

1 This Report is for Calendar
Year Ended 12/31

2021

Amended **Part I Filer Information**

2 Type of Filer

a Individual b Partnership c Corporation d Consolidated e Fiduciary or Other—Enter type _____

3 U.S. Taxpayer Identification Number

0102

4 Foreign Identification (Complete only if item 3 is not applicable.)

a Type: Passport Other _____5 Individual's Date of Birth
MM/DD/YYYYIf filer has no U.S. Identification
Number complete Item 4.

b Number

c Country of Issue

6 Last Name or Organization Name

7 First Name

8 Middle Initial

Bittner

Alexandru

9 Address (Number, Street, and Apt. or Suite No.)

3927 Ranch Estates

10 City

11 State

12 Zip/Postal Code

13 Country

Plano

TX

75074

United States

14 Does the filer have a financial interest in 25 or more financial accounts?

 Yes If "Yes" enter total number of accounts _____

(If "Yes" is checked, do not complete Part II or Part III, but retain records of this information)

 No**Part II Information on Financial Account(s) Owned Separately**

15 Maximum value of account during calendar year reported

470278

16 Type of account a Bank b Securities c Other—Enter type below

17 Name of Financial Institution in which account is held

UNICREDIT TRICIA BANK

18 Account number or other designation

0320

19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held

PIATA CHARLES DE GAULLE

20 City

BUCHAREST

21 State, if known

22 Zip/Postal Code, if known

23 Country

ROMANIA

Signature

44 Filer Signature

45 Filer Title, if not reporting a personal account

46 Date (MM/DD/YYYY)

File this form with: U.S. Department of the Treasury, P.O. Box 32621, Detroit, MI 48232-0621

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TD F 90-22.1

(Rev. January 2012)
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AND FINANCIAL ACCOUNTS

Do NOT file with your Federal Tax Return

OMB No. 1545-2038

1 This Report is for Calendar
Year Ended 12/31

2008

Amended

Part I Filer Information

2 Type of Filer
 Individual Partnership Corporation Consolidated Fiduciary or Other – Enter type _____

3 U.S. Taxpayer Identification Number 4102	4 Foreign identification (Complete only if Item 3 is not applicable.) a Type: <input type="checkbox"/> Passport <input type="checkbox"/> Other _____	5 Individual's Date of Birth MM/DD/YYYY
If filer has no U.S. Identification Number complete Item 4.		b Number _____ c Country of issue _____
6 Last Name or Organization Name Bittner	7 First Name Alexandru	8 Middle Initial

9 Address (Number, Street, and Apt. or Suite No.)

3927 Ranch Estates

10 City Plano	11 State TX	12 Zip/Postal Code 75074	13 Country United States
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14 Does the filer have a financial interest in 25 or more financial accounts?

Yes If "Yes" enter total number of accounts _____
 (If "Yes" is checked, do not complete Part II or Part III, but retain records of this information)

 No

Part II Information on Financial Account(s) Owned Separately

15 Maximum value of account during calendar year reported 500 000	16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other – Enter type below
--	--

17 Name of Financial Institution in which account is held

UNICREDIT TRUST BANK

18 Account number or other designation 1220	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held PIATA CHARLES AN GAUDE NO 15
--	---

20 City BUCURESTI	21 State, if known	22 Zip/Postal Code, if known	23 Country ROMANIA
----------------------	--------------------	------------------------------	-----------------------

Signature

44 Filer Signature	45 Filer Title, if not reporting a personal account	46 Date (MM/DD/YYYY)
--------------------	---	----------------------

File this form with: U.S. Department of the Treasury, P.O. Box 32821, Detroit, MI 48232-0821

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TD F 90-22.1

(Rev. January 2012)
Department of the TreasuryDo not use previous editions of
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AND FINANCIAL ACCOUNTS

Do NOT file with your Federal Tax Return

OMB No. 1545-2038

1 This Report is for Calendar
Year Ended 12/31

2009

Amended

Part I Filer Information

2 Type of Filer
a Individual b Partnership c Corporation d Consolidated e Fiduciary or Other – Enter type _____3 U.S. Taxpayer Identification Number
0102If filer has no U.S. Identification
Number complete Item 4.4 Foreign identification (Complete only if item 3 is not applicable.)
a Type: Passport Other _____5 Individual's Date of Birth
MM/DD/YYYY

b Number _____

c Country of issue _____

6 Last Name or Organization Name

7 First Name

8 Middle initial

Blitner

Alexandru

9 Address (Number, Street, and Apt. or Suite No.)

3927 Ranch Estates

10 City

11 State

12 Zip/Postal Code

13 Country

Plano

TX

75074

United States

14 Does the filer have a financial interest in 25 or more financial accounts?

 Yes If "Yes" enter total number of accounts _____
(If "Yes" is checked, do not complete Part II or Part III, but retain records of this information) No

Part II Information on Financial Account(s) Owned Separately

15 Maximum value of account during calendar year reported
333 333

17 Name of Financial Institution in which account is held

UNICREDIT TRUST BANK

18 Account number or other designation
032019 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held
PIATA ORAȘEASCU 10/1520 City
BUCHAREST

21 State, if known

22 Zip/Postal Code, if known

23 Country

ROMANIA

Signature

44 Filer Signature

45 Filer Title, if not reporting a personal account

46 Date (MM/DD/YYYY)

File this form with: U.S. Department of the Treasury, P.O. Box 32621, Detroit, MI 48232-0621

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OMB No. 1345-2038

1 This Report is for Calendar
Year Ended 12/31

2010

Amended **Part I Filer Information**

2 Type of Filer

a Individual b Partnership c Corporation d Consolidated e Fiduciary or Other—Enter type _____

3 U.S. Taxpayer Identification Number -0102	4 Foreign Identification (Complete only if item 3 is not applicable.) a Type: <input type="checkbox"/> Passport <input type="checkbox"/> Other _____	5 Individual's Date of Birth MM/DD/YYYY
If filer has no U.S. Identification Number complete Item 4. b Number		c Country of Issue
6 Last Name or Organization Name Biliner		7 First Name Alexandru
8 Middle Initial		
9 Address (Number, Street, and Apt. or Suite No.) 3827 Ranch Estates		
10 City Plano	11 State TX	12 Zip/Postal Code 75074
13 Country United States		

14 Does the filer have a financial interest in 25 or more financial accounts?

 Yes If "Yes" enter total number of accounts _____

(If "Yes" is checked, do not complete Part II or Part III, but retain records of this information)

 No**Part II Information on Financial Account(s) Owned Separately**15 Maximum value of account during calendar year reported
639835016 Type of account a Bank b Securities c Other—Enter type below

17 Name of Financial Institution in which account is held

UNICREDIT TRIMBANK

18 Account number or other designation
032019 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held
P/17A CHARLES DU GAUCHE 101520 City
BUCHAREST

21 State, if known

22 Zip/Postal Code, if known

23 Country
Romania

Signature

44 Filer Signature

45 Filer Title, if not reporting a personal account

46 Date (MM/DD/YYYY)

File this form with: U.S. Department of the Treasury, P.O. Box 32821, Detroit, MI 48232-0621

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PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE

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TD F 90-22.1(Rev. January 2012)
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Do NOT file with your Federal Tax Return

OMB No. 1545-2038
1 This Report is for Calendar
Year Ended 12/31

2 0 1 1

Amended **Part I Filer Information**2 Type of Filer
a Individual b Partnership c Corporation d Consolidated e Fiduciary or Other—Enter type _____3 U.S. Taxpayer Identification Number
-0102If filer has no U.S. Identification
Number complete Item 4.

4 Foreign Identification (Complete only if Item 3 is not applicable.)

a Type: Passport Other _____5 Individual's Date of Birth
MM/DD/YYYY

6 Last Name or Organization Name

Blitner

b Number

c Country of Issue

Alexandru

d First Name

e Middle Initial

7 Address (Number, Street, and Apt. or Suite No.)

3927 Ranch Estates

10 City

Plano

11 State

TX

12 Zip/Postal Code

75074

13 Country

United States

14 Does the filer have a financial interest in 25 or more financial accounts?

 Yes If "Yes" enter total number of accounts _____

(If "Yes" is checked, do not complete Part II or Part III, but retain records of this information)

 No**Part II Information on Financial Account(s) Owned Separately**

15 Maximum value of account during calendar year reported

16 Type of account a Bank b Securities c Other—Enter type below

17 Name of Financial Institution in which account is held

Piraeus Bank

996000

18 Account number or other designation

13000

19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held
SOS. Nicolie Titulescu NO 29-31

Signature

P. X. H. A. S. T.

21 State, if known

TX

22 Zip/Postal Code, if known

75074

23 Country

ROMANIA

44 Filer Signature

Cat. No. 12996D

45 Filer Title, if not reporting a personal account

46 Date (MM/DD/YYYY)

File this form with: U.S. Department of the Treasury, P.O. Box 32621, Detroit, MI 48232-0621

This form should be used to report a financial interest in, signature authority, or other authority over one or more financial accounts in foreign countries, as required by the Department of the Treasury Regulations 31 CFR 1010.350 (formerly 31 CFR 103.24). No report is required if the aggregate value of the accounts did not exceed \$10,000. See Instructions For Definitions.

PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE

Pursuant to the requirements of Public Law 93-579 (Privacy Act of 1974), notice is hereby given that the authority to collect information on TD F 90-22.1 in accordance with 5 USC 552a (e) is Public Law 91-508; 31 USC 5314; 5 USC 301; 31 CFR 1010.350 (formerly 31 CFR 103.24).

The principal purpose for collecting the information is to assure maintenance of reports where such reports or records have a high degree of usefulness in criminal, tax, or regulatory investigations or proceedings. The information collected may be provided to those officers and employees of any constituent unit of the Department of the Treasury who have a need for the records in the performance of their duties. The records may be referred to any other department or agency of the United States upon the request of the head of such department or agency for use in a criminal, tax, or regulatory investigation or proceeding. The information collected may also be provided to appropriate state, local, and foreign law enforcement and regulatory personnel in the performance of their official duties. Disclosure of this information is mandatory. Civil and criminal penalties, including in certain circumstances a fine of not more than \$500,000 and imprisonment of not more than five years, are provided for failure to file a report, supply information, and for filing a false or fraudulent report. Disclosure of the Social Security number is mandatory. The authority to collect is 31 CFR 1010.350 (formerly 31 CFR 103.24). The Social Security number will be used as a means to identify the individual who files the report.

The estimated average burden associated with this collection of information is 75 minutes per respondent or record keeper, depending on individual circumstances. Comments regarding the accuracy of this burden estimate, and suggestions for reducing the burden should be directed to the Internal Revenue Service, Bank Secrecy Act Policy, 5000 Elgin Road C-3-242, Lanham MD 20708.